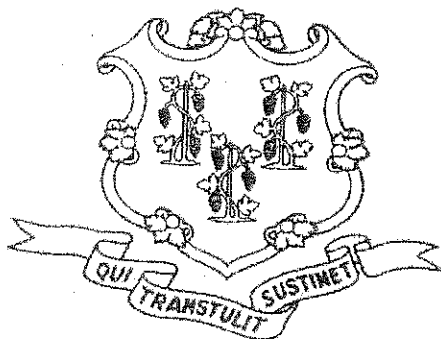


State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2016

Name of Facility (as licensed) Meriden Care Center, LLC	
Address (No. & Street, City, State, Zip Code) 33 Roy St. Meriden, CT 06450	
Type of Facility	
-----Rest Home with Nursing-----	
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input checked="" type="checkbox"/> Supervision only (RHNS)
	<input checked="" type="checkbox"/> NurseFac-Aids
Report for Year Beginning 10/1/2015	Report for Year Ending 9/30/2016

License Numbers:	CCNH 2153-C	RHNS	NurseFac-Aids AIDS	Medicare Provider 07-5337
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Medicaid Provider Numbers:	CCNH 10660	RHNS 91934	ICF-IID
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For Department Use Only

Sequence Number Assigned	Signed and Notarized	Date Received	Sequence Number Assigned	Signed and Notarized	Date Received

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General Information

Name of Facility (as licensed)	License No.	Report for Year Ended	Page	of
Meriden Care Center, LLC	2153-C	9/30/2016	1	37

Administrator's/Owner's Certification

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY FINE AND/OR IMPRISONMENT UNDER STATE OR FEDERAL LAW.

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for Meriden Care Center, LLC [facility name], for the cost report period beginning October 1, 2015 and ending September 30, 2016, and that to the best of my knowledge and belief, it is a true, correct, and complete statement prepared from the books and records of the provider(s) in accordance with applicable instructions.

I hereby certify that I have directed the preparation of the attached General Information and Questionnaires, Schedule of Resident Statistics, Statements of Reported Expenditures, Statements of Revenues and the related Balance Sheet of this Facility in accordance with the Reporting Requirements of the State of Connecticut for the year ended as specified above.

I have read this Report and hereby certify that the information provided is true and correct to the best of my knowledge under the penalty of perjury. I also certify that all salary and non-salary expenses presented in this Report as a basis for securing reimbursement for Title XIX and/or other State assisted residents were incurred to provide resident care in this Facility. All supporting records for the expenses recorded have been retained as required by Connecticut law and will be made available to auditors upon request.

Signed (Administrator)		Date	Signed (Owner)		Date
		2/10/17			2/10/17
Printed Name (Administrator)			Printed Name (Owner)		
Raymond Hackling			Chris Wright		
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)		
Raymond Hackling	CT	2/10/17	Brenda Walsh		
Address of Notary Public					
341 Bidwell Street, Manchester, CT 06040					

(Notary Seal)

State of Connecticut
Department of Social Services
 55 Farmington Avenue, Hartford, Connecticut 06105

Data Required for Real Wage Adjustment		Page 1A	of 37
Name of Facility Meriden Care Center, LLC		Period Covered:	From 10/1/2015 To 9/30/2016
Address of Facility 33 Roy St. Meriden, CT 06450			
Report Prepared By iCare		Phone Number 860-570-2140	Date 2/15/2016
Item	Total	CCNH	RHNS NurseFac- Aids
1. Dietary wages paid	\$		
2. Laundry wages paid	\$		
3. Housekeeping wages paid	\$		
4. Nursing wages paid	\$		
5. All other wages paid	\$		
6. Total Wages Paid	\$		
7. Total salaries paid	\$		
8. Total Wages and Salaries Paid (As per page 10 of Report)	\$		

Wages - Compensation computed on an hourly wage rate.

Salaries - Compensation computed on a weekly or other basis which does not generally vary, based on the number of hours worked.

DO NOT include Fringe Benefit Costs.

General Information and Questionnaire
Type of Facility - Organization Structure

Phone No. of Facility 203-237-5457		Report for Year Ended 9/30/2016	Page 2	of 37
Name of Facility (as shown on license) Meriden Care Center, LLC		Address (No. & Street, City, State, Zip) 33 Roy St. Meriden, CT 06450		
License Numbers:	CCNH 2153-C	RHNS	NurseFac-Aids AIDS	Medicare Provider No. 07-5337
Type of Facility (Check appropriate box(es))				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)		<input checked="" type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)		<input checked="" type="checkbox"/> NurseFac-Aids
Type of Ownership (Check appropriate box)				
<input type="radio"/> Proprietorship <input checked="" type="radio"/> LLC <input type="radio"/> Partnership <input type="radio"/> Profit Corp. <input type="radio"/> Non-Profit Corp. <input type="radio"/> Government <input type="radio"/> Trust				
If this facility opened or closed during report year provide:		Date Opened	Date Closed	
Has there been any change in ownership or operation during this report year? <input type="radio"/> Yes <input checked="" type="radio"/> No If "Yes," explain fully.				
Administrator				
Name of Administrator Raymond Hackling		Nursing Home Administrator's License No.:	853	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.				
Name		License No.:		

Related Parties*

Name of Related Individual or Company	Business Address	License No. 2153-C		Report for Year Ended 9/30/2016	Page 4	of 37
		Yes	No			
		Also Provides Goods/Services to Non-Related Parties %**		Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No			
Bidwell Care Center, LLC	333 Bidwell St. Manchester, CT 06040			Shared Employees	(391)	391
Chelsea Place Care Center, LLC	25 Lorraine St. Hartford, CT 06105			Shared Employees	(699)	699
Chestnut Point Care Center, LLC	171 Main St. East Windsor, CT 06088			Laundry Services		-
Chestnut Point Care Center, LLC	171 Main St. East Windsor, CT 06088			Shared Employees	20	(20)
Farmington Care Center, LLC	20 Scott Swamp Rd. Farmington, CT 06032			Bank Fees	745	(745)
Farmington Care Center, LLC	20 Scott Swamp Rd. Farmington, CT 06032			Shared Employees	4,252	(4,252)
Kettle Brook Care Center, LLC	96 Prospect Hill Rd. East Windsor, CT 06088			Laundry Services		-
Kettle Brook Care Center, LLC	96 Prospect Hill Rd. East Windsor, CT 06088			Shared Employees	(268)	268
Meriden Care Center, LLC (Silver Springs)	33 Roy St. Meriden, CT 06450			Shared Employees	-	-
Trinity Hill Care Center, LLC	151 Hillside Ave. Hartford, CT 06106			Shared Employees	20,553	(20,553)
Westside Care Center, LLC	349 Bidwell St. Manchester, CT 06040			Shared Employees	(484)	484
Wintombury Care Center, LLC	140 Park Ave. Bloomfield, CT 06002			Shared Employees	166	(166)
Secure Care Center LLC	60 West Street, Rocky Hill, CT 06067			Shared Employees	1,845	(1,845)
Touchpoints therapy	171 Main St. East Windsor, CT 06088			O/T/PT/ST	270,116	(270,116)
Bidwell Realty, LLC	341 Bidwell St. Manchester, CT 06040			Building Lease & Rent	868,749	(868,749)
iCare Management, LLC	341 Bidwell St. Manchester, CT 06040			Postage & Legal	19,285	(19,285)
iCare Health Management, LLC	341 Bidwell St. Manchester, CT 06040			Shared EEs not part of migt agmt Management Services, Direct	155,523	(155,523)
				Management Services, Indirect	171,873	(171,873)
				Management Services, Administrative	39,264	(39,264)
					393,116	(393,116)
All 9 Care Centers, migt co, reaty cos				Share Common 401k, Pension and Insurance plans, courier, legal and various other services		

** Provide the percentage amount of revenue received from non-related parties.

* Use additional sheets if necessary.

General Information and Questionnaire
Basis for Allocation of Costs

Name of Facility Meriden Care Center, LLC	License No. 2153-C	Report for Year Ended 9/30/2016	Page 5	of 37
If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:				
Item		Method of Allocation		
Dietary		Number of meals served to residents		
Laundry		Number of pounds processed		
Housekeeping		Number of square feet serviced		
Nursing		Number of hours of routine care provided by EACH employee classification, i.e., Director (or Charge Nurse), Registered Nurses, Licensed Practical Nurses, Aides and Attendants		
Direct Resident Care Consultants		Number of hours of resident care provided by EACH specialist (See listing page 13)		
Maintenance and operation of plant		Square feet		
Property costs (depreciation)		Square feet		
Employee health and welfare		Gross salaries		
Management services		Appropriate cost center involved		
All other General Administrative expenses		Total of Direct and Allocated Costs		
The preparer of this report must answer the following questions applicable to the cost information provided.				
1. In the preparation of this Report, were all costs allocated as required? <input checked="" type="radio"/> Yes <input type="radio"/> No If "No," explain fully why such allocation was not made.				
2. Explain the allocation of related company expenses and attach copy of appropriate supporting data.				
3. Did the Facility appropriately allocate and self-disallow direct and indirect costs to non-nursing home cost centers? (e.g., Assisted Living, Home Health, Outpatient Services, Adult Day Care Services, etc.)				
<input checked="" type="radio"/> Yes <input type="radio"/> No If "No," explain fully why such allocation was not made.				

General Information and Questionnaire Leases (Excluding Real Property)

Operating Leases - Include all long-term leases for motor vehicles and equipment that have not been capitalized. Short-term leases or as needed rentals should not be included in these amounts.

Name of Facility Meriden Care Center, LLC		License No. 2153-C	Report for Year Ended 9/30/2016			Page 6	of 37
Name and Address of Lessor	Related * to Owners, Operators, Officers		Description of Items Leased	Date of Lease**	Term of Lease	Annual Amount of Lease	Amount Claimed
	Yes	No					
Accelerated Care Plus Corp. 4850 Joule Street, Suite A-1 Reno, NV	<input type="radio"/>	<input checked="" type="radio"/>	Omnistim Electrotherapy and Omnisound Therapeutic Ultrasound Equipment	05/18/10	1 yr with automatic	16,602	16,602
ADP, Inc., One ADP Drive MS-100, Augusta, GA 30909	<input type="radio"/>	<input checked="" type="radio"/>	Time Clocks and Payroll Punch Equip	06/01/10	60 Months	8,817	8,817
Mail Finance/Neopost New England, 25881 Newtwork Place, Chicago, IL 60673	<input type="radio"/>	<input checked="" type="radio"/>	Postage Meter Rental		Monthly	611	611
CIT Finance LLC	<input type="radio"/>	<input checked="" type="radio"/>	Copier		41949	16,541	16,541
	<input type="radio"/>	<input checked="" type="radio"/>					
	<input type="radio"/>	<input checked="" type="radio"/>					
	<input type="radio"/>	<input checked="" type="radio"/>					
	<input type="radio"/>	<input checked="" type="radio"/>					
	<input type="radio"/>	<input checked="" type="radio"/>					
	<input type="radio"/>	<input checked="" type="radio"/>					
	<input type="radio"/>	<input checked="" type="radio"/>					
	<input type="radio"/>	<input checked="" type="radio"/>					
	<input type="radio"/>	<input checked="" type="radio"/>					
	<input type="radio"/>	<input checked="" type="radio"/>					
Is a Mileage Log Book Maintained for All Leased Vehicles ?						<input type="radio"/> Yes	<input type="radio"/> No
Total ***							42,571

* Refer to Page 4 for definition of related. If "Yes," transaction should be reported on Page 4 also.
 ** Attach copies of newly acquired leases.
 *** Amount should agree to Page 22, Line 6e.

General Information and Questionnaire
Accounting Basis

Name of Facility Meriden Care Center, LLC	License No. 2153-C	Report for Year Ended 9/30/2016	Page 7	of 37
The records of this facility for the period covered by this report were maintained on the following basis:				
<input checked="" type="radio"/> Accrual <input type="radio"/> Cash <input type="radio"/> Modified Cash				
Is the accounting basis for this period the same as for the previous period? <input checked="" type="radio"/> Yes <input type="radio"/> No If "No," explain.				
Independent Accounting Firm				
Name of Accounting Firm 1 O'Connor, Davies LLP 2 3 4			Address (No. & Street, City, State, Zip Code) 100 Great Meadow Road, Ste 401, Wethersfield, CT 06109	
Services Provided by This Firm (<i>describe fully</i>)				
1	Taxes, financial statements, accounting support	\$	3,533	
2		\$		
3		\$		
4		\$		
			Charge for Services Provided	
			\$	3,533
Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.				
<input checked="" type="radio"/> Yes <input type="radio"/> No 15D				
Legal Services Information				
Name of Legal Firm or Independent Attorney 1 iCare Health Management, LLC 2 Starble and Harris 3 Durant Nichols / Robinson & Cole, LLP 4 Various others (American Arbitration , Various Arbitration, Murtha Cullina, Jackson Lewis) 5 Starble and Harris, iCare Health Management LLC			Telephone Number 860-570-2140 860-678-7775 860-275-8200 860-678-7775 & 860-570-2140	
Address (<i>No. & Street, City, State, Zip Code</i>) 1 341 Bidwell Street, Manchester CT 2 32 Main Street, Avon, CT 3 280 Trumbull St, Hartford, CT 4 5 32 Main Street, Avon, CT & 341 Bidwell Street, Manchester CT				
Services Provided by This Firm (<i>describe fully</i>)				
1	Lease and contract issues, general legal advice, Labor Law	\$	16,681	
2	Lease and contract issues, general legal advice, union funds advice	\$	9,080	
3	Employment law, arbitrations, contract negotiations	\$	5,452	
4	Employment Arbitrations, healthcare law	\$	1,903	
5	Collections	\$	1,652	
			Charge for Services Provided	
			\$	34,768
Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.				
<input checked="" type="radio"/> Yes <input type="radio"/> No 15E				

Schedule of Resident Statistics

Name of Facility Meriden Care Center, LLC	License No. 2153-C	Report for Year Ended 9/30/2016				Page 8	of 37						
		Period 10/1 Thru 6/30		Period 7/1 Thru 9/30									
		Total All Levels	Total CCNH Level	Total RHNS Level	Total NurseFac-Aids			Total	CCNH	RHNS	NurseFac-Aids		
1. Certified Bed Capacity													
A. On last day of PREVIOUS report period	159	157	2		159	157	2		159	158	1		
B. On last day of THIS report period	159	158	1		159	158	1		159	158	1		
2. Number of Residents													
A. As of midnight of PREVIOUS report period	151	150	1		151	150	1		156	155	1		
B. As of midnight of THIS report period	155	154	1		156	155	1		155	154	1		
3. Total Number of Days Care Provided During Period													
A. Medicare	1,301	1,301			907	907			394	394			
B. Medicaid (Conn.)	50,999	50,633	366		38,184	37,910	274		12,815	12,723	92		
C. Medicaid (other states)													
D. Private Pay	119	119			117	117			2	2			
E. State SSI for RCH													
F. Other (Specify) Insurance	3,287	3,287			2,429	2,429			858	858			
G. Total Care Days During Period (3A thru F)	55,706	55,340	366		41,637	41,363	274		14,069	13,977	92		
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds													
A. Medicaid Bed Reserve Days													
B. Other Bed Reserve Days													
5. Total Resident Days (3G + 4A + 4B)	55,706	55,340	366		41,637	41,363	274		14,069	13,977	92		

Schedule of Resident Statistics (Cont'd)

Name of Facility Meriden Care Center, LLC			License No. 2153-C			Report for Year Ended 9/30/2016			Page 9	of 37			
4. Were there any changes in the certified bed capacity during the report year? <input checked="" type="radio"/> Yes <input type="radio"/> No If "YES", provide the following information:													
Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change
	CCNH (1)	RHNS (2)	NurseFac-Aids (3)	Lost (1) (2) (3)			Gained (1) (2) (3)			CCNH	RHNS	NurseFac-Aids	
9/15/2015	X	X			1			1			158	1	
5. If there was any change in certified bed capacity during the report year (as reported in item 4 above) provide the number of RESIDENT DAYS for 90 days following the change.													
Change in Resident Days								CCNH	RHNS	NurseFac-Aids			
1st change									90				
2nd change													
3rd change													
4th change													
6. Number of Residents and Rates on September 30 of Cost Year													
Item	Medicare		Medicaid		Self-Pay			Other State Assisted					
	CCNH	RHNS	CCNH	RHNS	CCNH	RHNS	NurseFac-Aids	R.C.H.	ICF-MR				
No. of Residents	4		140	1	10								
Per Diem Rate													
a. One bed rm.													
b. Two bed rms.	507.00		243.00	196.00	288.00								
c. Three or more bed rms.													
7. Total Number of Physical Therapy Treatments								TOTAL	CCNH	RHNS	NurseFac-Aids		
A. Medicare - Part B								1,057	1,050	7			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments								2,855	2,836	19			
C. Other								2,642	2,668	(26)			
D. Total Physical Therapy Treatments								6,554	6,554				
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B								268	266	2			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments								125	124	1			
C. Other								239	242	(3)			
D. Total Speech Therapy Treatments								632	632				
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B								1,392	1,383	9			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments								2,348	2,333	15			
C. Other								2,109	2,134	(25)			
D. Total Occupational Therapy Treatments								5,849	5,849				

Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended	Page	of		
Meriden Care Center, LLC	2153-C	9/30/2016	10	37		
Are time records maintained by all individuals receiving compensation? <input checked="" type="radio"/> Yes <input type="radio"/> No						
	Total Cost and Hours					
Item	CCNH	Hours	RHNS	Hours	NurseFac-Aids	Hours
A. Salaries and Wages*						
1. Operators/Owners (Complete also Sec. I of Schedule A1)						
2. Administrator(s) (Complete also Sec. III of Schedule A1)	142,276	2,078	900	14		
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	189,535	8,868	1,200	59		
5. Dietary Service						
a. Head Dietitian						
b. Food Service Supervisor	53,174	2,078	337	14		
c. Dietary Workers	492,792	28,474	3,119	188		
6. Housekeeping Service						
a. Head Housekeeper						
b. Other Housekeeping Workers						
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	48,028	2,022	304	13		
b. Other Maintenance Workers	52,690	2,335	333	15		
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers						
9. Barber and Beautician Services						
10. Protective Services						
11. Accounting Services						
a. Head Accountant						
b. Other Accountants						
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses	209,444	4,112	1,326	27		
b. RN						
1. Direct Care	573,913	13,792	3,632	91		
2. Administrative**	268,082	6,939	1,697	46		
c. LPN						
1. Direct Care	1,357,937	44,155	8,595	292		
2. Administrative**						
d. Aides and Attendants	2,043,701	119,453	12,935	790		
e. Physical Therapists						
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	161,934	7,969	1,071	53		
i. Physicians						
1. Medical Director						
2. Utilization Review						
3. Resident Care***						
4. Other (Specify)						
j. Dentists						
k. Pharmacists						
l. Podiatrists						
m. Social Workers/Case Management	167,925	5,513		36		
n. Marketing						
o. Other (Specify) See Attached Schedule	37,247	2,407	236	16		
<i>A-13. Total Salary Expenditures</i>	5,798,678	250,194	35,684	1,655		

* Do not include in this section any expenditures paid to persons who receive a fee for services rendered or who are paid on a contract basis.

** Administrative - costs and hours associated with the following positions: MDS Coordinator, Inservice Training Coordinator and Infection Control Nurse. Such costs shall be included in the direct care category for the purposes of rate setting.

*** This item is not reimbursable to facility. For Title 19 residents, doctors should bill DSS directly. Also, any costs for Title 18 and/or other private pay residents must be removed on Page 28.

**Schedule A1 - Salary Information for Operators/Owners; Administrators,
 Assistant Administrators and Other Related Parties***

Name of Facility Meriden Care Center, LLC	License No. 2153-C	Report for Year Ended 9/30/2016		Line Where Claimed on Page 10	Name and Address of All Other Employment**	Page 11	of 37
		CCNH	RHNS				
Section I - Operators/Owners	Fringe Benefits and/or Other Payments (describe fully)	Salary Paid		Total Hours Worked	Total Hours Worked	Total Hours Worked	Compensation Received
		CCNH	RHNS				
Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).							

* No allowance for salaries will be considered unless full information is provided. Use additional sheets if required.
 ** Include all employment worked during the cost year.

**Schedule A1 - Salary Information for Operators/Owners; Administrators,
 Assistant Administrators and Other Related Parties***

Name of Facility (as licensed) Meriden Care Center, LLC	License No. 2153-C	Report for Year Ended 9/30/2016			Page 12	of 37	
		Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10			Name and Address of All Other Employment**
Name	Salary Paid		Fringe Benefits and/or Other Payments (describe fully)	Total Hours Worked	Line Where Claimed on Page 10	Total Hours Worked	Compensation Received
	CCNH	RHNS					
Section III - Administrators***							
Raymond Hackling	142,276	900	same as employees less union funds	2,091	A2		
			same as employees less union funds		A2		
			same as employees less union funds		A2		
Section IV - Assistant Administrators							

*No allowance for salaries will be considered unless full information is provided. Use additional sheets if required.

** Include all other employment worked during the cost year.

*** If more than one Administrator is reported, include dates of employment for each.

B. Report of Expenditures - Professional Fees

Name of Facility	License No.	Report for Year Ended	Page	of		
Meriden Care Center, LLC	2153-C	9/30/2016	13	37		
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	NurseFac-Aids	Hours
*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)						
1. Dietitian	34,980	753	221	5		
2. Dentist						
3. Pharmacist	8,663	144		1		
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	124,187	1,650				
b. Other						
6. Social Worker	4,732	74	31	0		
7. Recreation Worker	15,338	28+Cable	101	28+Cable		
8. Physicians						
a. Medical Director (entire facility)	35,763	226	237	1		
b. Utilization Review (Title 18 and 19 only) monthly meeting						
c. Resident Care**						
d. Administrative Services facility						
1. Infection Control Committee (Quarterly meetings)						
2. Pharmaceutical Committee (Quarterly meetings)						
3. Staff Development Committee (Once annually)						
e. Other (Specify) Physician Care Contract Services	22,154	118		1		
9. Speech Therapist						
a. Resident Care	26,589	349				
b. Other						
10. Occupational Therapist						
a. Resident Care	113,279	1,490				
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care	59,596	910	377	6		
2. Administrative***	17,837	398	113	3		
b. LPN						
1. Direct Care	13,324	311	84	2		
2. Administrative***						
c. Aides	(7,350)	(250)	(47)	(2)		
d. Other						
12. Other (Specify) See Attached Schedule	171,085	4,264	41	28		
B-13 Total Fees Paid in Lieu of Salaries	640,178	10,437	1,159	45		

* Do not include in this section management consultants or services which must be reported on Page 16 item M-12 and supported by required information, Page 17.
 ** This item is not reimbursable to facility. For Title 19 residents, doctors should bill DSS directly. Also, any costs for Title 18 and/or other private pay residents must be removed on Page 28.
 *** Administrative - costs and hours associated with the following positions: MDS Coordinator, Inservice Training Coordinator and Infection Control Nurse. Such costs shall be included in the direct care category for the purposes of rate setting.

Report of Expenditures
Schedule B1 - Information Required for Individual(s) Paid on Fee for Service Basis*

Name of Facility Meriden Care Center, LLC		License No. 2153-C	Report for Year Ended 9/30/2016	Page 14	of 37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship	
		Yes	No		
Omicare	Pharmacy Consulting	<input type="radio"/>	<input checked="" type="radio"/>		
Touchpoints Therapy	Therapy	<input checked="" type="radio"/>	<input type="radio"/>	Common Ownership	
Chelsea Place, Chestnut Point, Kettle Brook, Trinity Hill, Wintonbury, Farmington, Silver	Shared Employees	<input checked="" type="radio"/>	<input type="radio"/>	Common Ownership	
Ready Nurse, Nurse Network	Nursing pool (RN, LPN, CNA)	<input type="radio"/>	<input checked="" type="radio"/>		
IPC Hospitalists	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>		
Healthcare Services Group	Housekeeping & Laundry Contract	<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		

* Use additional sheets if necessary.
 ** Refer to Page 4 for definition of related.

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility	License No.	Report for Year Ended	Page	of
Meriden Care Center, LLC	2153-C	9/30/2016	15	37
Item	Total	CCNH	RHNS	NurseFac-Aids
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ 253,054	251,462	1,592	
2. Disability Insurance	\$			
3. Unemployment Insurance	\$			
4. Social Security (F.I.C.A.)	\$ 590,375	586,662	3,713	
5. Health Insurance	\$ 1,048,413	1,041,819	6,594	
6. Life Insurance (employees only) (not-owners and not-operators)	\$			
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 348,255	346,065	2,190	
8. Uniform Allowance	\$			
9. Other (<i>Specify</i>) See Attached Schedule	\$ 43,301	43,028	272	
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$			
c. Bad Debts*	\$ 120,018	120,018		
d. Accounting and Auditing	\$ 3,533	3,511	22	
e. Legal (<i>Services should be fully described on Page 7</i>)	\$ 34,768	34,549	219	
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$			
g. Office Supplies	\$ 17,952	17,839	113	
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 21,972	21,833	138	
2. Cellular Phones	\$ 1,667	1,656	10	
i. Appraisal (<i>Specify purpose and attach copy</i>)*	\$			
j. Corporation Business Taxes (<i>franchise tax</i>)	\$			
k. Other Taxes (<i>Not related to property - See Page 22</i>)				
1. Income*	\$			
2. Other (<i>Specify</i>) See Attached Schedule	\$			
3. Resident Day User Fee	\$ 1,170,940	1,163,576	7,364	
Subtotal	\$ 3,654,246	3,632,018	22,228	

* Facility should self-disallow the expense on Page 28 of the Cost Report.

(Carry Subtotals forward to next page)

***** DO NOT Include Holiday Parties / Awards / Gifts to Staff**

Meriden Care Center, LLC
9/30/2016

Attachment Page 15

Schedule of Other Employee Benefits

Description	CCNH	RHNS	NurseFac-Aids
UNION TRAINING	\$ 43,028	\$ 272	
Total	\$ 43,028	\$ 272	\$ -

Schedule of Other Taxes

Description	CCNH	RHNS	NurseFac-Aids
Total	\$ -	\$ -	\$ -

C. Expenditures Other Than Salaries (cont'd) - Administrative and General

Name of Facility	License No.	Report for Year Ended		Page	of
Meriden Care Center, LLC	2153-C	9/30/2016		16	37
Item	Total	CCNH	RHNS	NurseFac-Aids	
Subtotals Brought Forward:	3,654,246	3,632,018	22,228		
l. Travel and Entertainment					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$				
3. Gifts to Staff and Residents	\$				
4. Employee Travel	\$ 5,223	5,190	33		
5. Education Expenses Related to Seminars and Conventions	\$ 4,695	4,666	30		
6. Automobile Expense (<i>not purchase or depreciation</i>)	\$				
7. Other (<i>Specify</i>) See Attached Schedule	\$ 372	370	2		
m. Other Administrative and General Expenses					
1. Advertising Help Wanted (<i>all such expenses</i>)	\$ 5,957	5,920	37		
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$				
3. Advertising Other (<i>Specify</i>)*** See Attached Schedule	\$ 5,102	5,070	32		
4. Fund-Raising***	\$				
5. Medical Records	\$				
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$				
7. Postage	\$ 5,360	5,326	34		
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$ 11,279	11,208	71		
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$				
9. Subscriptions	\$				
10. Contributions*** See Attached Schedule	\$ 932	926	6		
11. Services Provided by Contract (<i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i>)	\$ 136,247	135,390	857		
12. Administrative Management Services**	\$ 393,116	390,643	2,472		
13. Other (<i>Specify</i>) See Attached Schedule	\$ 25,788	25,626	162		
C-14 Total Administrative & General Expenditures	\$ 4,248,318	4,222,354	25,964		

* Do not include Subscriptions, which should go in item 9.

** Schedule C-1, Page 17 must be fully completed or this expenditure will not be allowed.

*** Facility should self-disallow the expense on Page 28 of the Cost Report.

Schedule of Other Travel and Entertainment

Description	CCNH	RHNS	NurseFac-Aids
MEALS	\$ 370	\$ 2	
Total Other Travel and Entertainment	\$ 370	\$ 2	\$ -

Schedule of Other Advertising

Description	CCNH	RHNS	NurseFac-Aids
COMMUNICATIONS SPECIAL EVENTS	\$ 5,070	\$ 32	
Total Other Advertising	\$ 5,070	\$ 32	\$ -

Schedule of Dues

Description	CCNH	RHNS	NurseFac-Aids
Dues			
CAIICF Dues	\$ 11,208.46	\$ 70.94	
OTHER DUES			
Total Dues	\$ 11,208	\$ 71	\$ -

Schedule of Contributions

Description	CCNH	RHNS	NurseFac-Aids
contributions	\$ 926	\$ 6	
Total Contributions	\$ 926	\$ 6	\$ -

Schedule of Other Administrative and General

Description	CCNH	RHNS	NurseFac-Aids
SOCIAL SERVICE SUPPLIES	\$ 45	\$ 0	
SOC SVC MINOR EQUIPMENT	\$ -	\$ -	
ADMINISTRATIVE MINOR EQUIPMENT	\$ (56)	\$ (0)	
EMPLOYEE RELATIONS	\$ 6,796	\$ 43	
EMPLOYEE RELATIONS-OTHER	\$ 464	\$ 3	
PERMITS & LICENSES	\$ 1,664	\$ 11	
VOLUNTEER EXPENSE	\$ -	\$ -	
BANK FEES	\$ 11,168	\$ 71	
CMS REVISIT USER FEES	\$ -	\$ -	
PENALTIES	\$ 1,309	\$ 8	
LATE FEES	\$ 2,697	\$ 17	
INTERNET EXPENSES	\$ 1,539	\$ 10	
Rounding		\$ -	
Total Other Administrative and General	\$ 25,626	\$ 162	\$ -

Schedule C-1 - Management Services*

Name of Facility	License No.	Report for Year Ended	Page of
Meriden Care Center, LLC	2153-C	9/30/2016	17 37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #
iCare Management, LLC/iCare Health Management, LLC	393,116	Management of financial statements, A/R, A/P, Payroll, Financial Accounting and Management, Clinical	Pg 16 M12
iCare Management, LLC/iCare Health Management, LLC	170,792	MANAGEMENT FEES- DIRECT CARE	Pg 20 j
iCare Management, LLC/iCare Health Management, LLC	39,006	MANAGEMENT FEES- INDIRECT CARE	Pg 20 j

* In addition to management fees reported on page 16, line m12 include any additional management company charges or allocations of home office overhead costs reported elsewhere in the Annual Report.

C. Expenditures Other Than Salaries (cont'd) - Dietary Basis for Allocation of Costs (See Note on Page 5)

Name of Facility		License No.	Report for Year Ended		Page	of
Meriden Care Center, LLC		2153-C	9/30/2016		18	37
Item		Total	CCNH	RHNS	NurseFac-Aids	
2. Dietary						
a. In-House Preparation & Service						
1.	Raw Food	\$ 329,757	327,683	2,074		
2.	Non-Food Supplies	\$ 47,906	47,605	301		
3.	Other (<i>Specify</i>) _____ DIETARY SUPPLEMENTS	\$ 22,527	22,385	142		
b. Purchased Services (<i>by contract other than through Management Services</i>) (<i>Complete Schedule C-2 att. Page 21</i>)		\$ 1,129	1,122	7		
c. Management Services**		\$				
d. Other (<i>Specify</i>) _____ DIETARY MINOR EQUIPMENT		\$ 9,674	9,614	61		
2E. Total Dietary Expenditures (2a + b + c + d)		\$ 410,993	408,408	2,585		
2F. Dietary Questionnaire		Total	CCNH	RHNS	NurseFac-Aids	
G.	Resident Meals: Total no. of meals served per day:*	461	458	3		
H.	Is cost of employee meals included in 2E? <input type="radio"/> Yes <input checked="" type="radio"/> No					
I.	Did you receive revenue from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No	If yes, specify amt.				
J.	Where is the revenue received reported in the Cost Report? (Page/Line Item)					
K.	Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2E? <input type="radio"/> Yes <input checked="" type="radio"/> No	If yes, specify cost.				
L.	Is any revenue collected from these people? <input type="radio"/> Yes <input checked="" type="radio"/> No	If yes, specify amt.				
M.	Where is the revenue received reported in the Cost Report? (Page/Line Item)					
N.	Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2E? <input type="radio"/> Yes <input checked="" type="radio"/> No	If yes, specify cost.				
O.	Is any revenue collected from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No	If yes, specify amt.				
P.	Where is the revenue received reported in the Cost Report? (Page/Line Item)					

* Count each tray served to a resident at meal time, but do not count liquids or other "between meal" snacks.

** Schedule C-1, Page 17 must be fully completed or this expenditure will not be allowed.

C. Expenditures Other Than Salaries (cont'd) - Laundry Basis for Allocation of Costs
(See Note on Page 5)

Name of Facility Meriden Care Center, LLC		License No. 2153-C	Report for Year Ended 9/30/2016	Page 19	of 37
Item		Total	CCNH	RHNS	NurseFac-Aids
3. Laundry					
a. In-House Processing*		Lbs.			
1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***		Amt. \$	656	652	4
2. Employee items including uniforms, gowns, etc. washed, ironed and/or processed.***		Lbs.			
		Amt. \$			
3. Personal clothing of residents washed, ironed, and/or processed.***		Lbs.			
		Amt. \$			
4. Repair and/or purchase of linens.***		Lbs.			
		Amt. \$			
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$	412,946	410,349	2,597
c. Management Services**		\$			
d. Other (Specify) LAUNDRY SUPPLIES		\$	105	105	1
3E. Total Laundry Expenditures (3a + b + c + d)		\$	413,707	411,106	2,602
3F. Laundry Questionnaire					
G.	Is cost of employee laundry included in 3E?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.	
H.	Did you receive revenue from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.	
I.	Where is the revenue received reported in the Cost Report?	(Page/Line Item)			
J.	Is Cost of laundry provided to persons other than employees or residents included in 3E?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.	
K.	Did you receive revenue from these people?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.	
L.	Where is the revenue received reported in the Cost Report?	(Page/Line Item)			

* Do not include salaries from page 10 as part of dollar values recorded in 1, 2, 3, and 4.

All allocations should add to total recorded in 3E.

** Schedule C-1, Page 17 must be fully completed or this expenditure will not be allowed.

*** Pounds of Laundry only required for multi-level facilities.

**C. Expenditures Other Than Salaries (cont'd) - Housekeeping and Resident Care
 Basis for Allocation of Costs (See Note on Page 5)**

Name of Facility		License No.	Report for Year Ended		Page	of
Meriden Care Center, LLC		2153-C	9/30/2016		20	37
Item			Total	CCNH	RHNS	NurseFac-Aids
4.	Housekeeping	Sq. Ft. Serviced by Personnel				
a.	In-House Care					
1.	Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)	Amt.	\$ 31,448	31,250	198	
b.	Purchased Services (<i>by contract other than through Management Services</i>) (<i>Complete Schedule C-2 att. Page 21</i>)	Sq. Ft. Serviced by Personnel				
		Amt.	\$ 479,987	476,968	3,019	
c.	Management Services*		\$			
d.	Other (<i>Specify</i>)		\$			
HOUSEKEEPING MINIR EQUIPMENT						
4E.	Total Housekeeping Expenditures (4a + b + c + d)		\$ 511,435	508,219	3,217	
5.	Resident Care (Supplies)**					
a.	Prescription Drugs***					
1.	Own Pharmacy		\$			
2.	Purchased from OMNICARE PHARMACY		\$ 219,721	218,339	1,382	
b.	Medicine Cabinet Drugs		\$ 17,643	17,532	111	
c.	Medical and Therapeutic Supplies		\$ 70,478	70,478		
d.	Ambulance/Limousine***		\$ 2,470	2,470		
e.	Oxygen					
1.	For Emergency Use		\$ 3,922	3,922		
2.	Other***		\$			
f.	X-rays and Related Radiological Procedures***		\$ 2,616	2,616		
g.	Dental (<i>Not dentists who should be included under salaries or fees</i>)		\$			
h.	Laboratory***		\$ 8,454	8,454		
i.	Recreation		\$			
j.	Other (Specify)**** See Attached Schedule		\$ 340,547	338,704	1,843	
5K.	Total Resident Care Expenditures (5a - 5j)		\$ 665,851	662,516	3,336	

* Schedule C-1, Page 17 must be fully completed or this expenditure will not be allowed.

** Do not include any fees to professional staff, these should be reported on Page 13, or, if paid on salary basis, on Page 10.

*** Facility should self-disallow the expense on Page 29 of the Cost Report.

**** ICFMR's should provide a detailed schedule of all Day Program Costs.

Schedule of Other Resident Care

Description	CCNH	RHNS	NurseFac- Aids
NURSING ADMIN SUPPLIES	\$ 303	\$ 2	
NURSING MINOR EQUIP	\$ 6,149	\$ 41	
MEDICAL RECORDS SUPPLIES	\$ 167	\$ 1	
MEDICAL RECORDS MINOR EQUIPMENT	\$ -	\$ -	
MANAGEMENT ALLOCATIONS - DIRECT	\$ 170,792	\$ 1,081	
NON-COVERED PPS DR. VISITS	\$ 1,806	\$ -	
RESIDENT CARE SUPPLIES	\$ -	\$ -	
CENTRAL SUPPLY MINOR EQUIPMENT	\$ 14,001	\$ 89	
PERSONAL CARE SUPPLIES	\$ 9,826	\$ 65	
INCONTINENCY SUPPLIES	\$ 31,663	\$ 209	
VACCINE RESIDENTS	\$ 9,019	\$ 60	
PATIENT SPECIAL NEEDS	\$ 187	\$ 1	
PHYSICAL THERAPY SUPPLIES	\$ -	\$ -	
PHYSICAL THERAPY EQUIPMENT RENT	\$ -	\$ -	
PHYSICAL THERAPY MINOR EQUIPMENT	\$ -	\$ -	
OCCUPATIONAL THERAPY SUPPLIES	\$ -	\$ -	
OCCUPATIONAL THERAPY EQUIP RENTAL	\$ -	\$ -	
OCCUPATIONAL THERAPY MINOR EQUIP	\$ -	\$ -	
SPEECH THERAPY SUPPLIES	\$ -	\$ -	
SPEECH THERAPY EQUIPMENT RENT	\$ -	\$ -	
SPEECH THERAPY MINOR EQUIPMENT	\$ -	\$ -	
RENTALS FOR NURSING EQUIPMENT NON BILLABLE	\$ 32,343	\$ -	
EQUIPMENT RENTAL: AIDS UNIT	\$ -	\$ -	
PEN THERAPY SUPPLIES - NOT BILLABLE TO PART B	\$ 181	\$ -	
PEN THERAPY FOOD NOT BILLABLE TO PART B	\$ -	\$ -	
HI LOW BED RENTAL & MATTRESSES	\$ -	\$ -	
IV THERAPY SUPPLIES	\$ 17,783	\$ -	
IV THERAPY CONTRACT SERVICE	\$ -	\$ -	
MEDICAL WASTE CONTRACT SERVICE	\$ 734	\$ 5	
ACTIVITIES SUPPLIES	\$ 1,095	\$ 7	
ACTIVITIES MINOR EQUIPMENT	\$ 173	\$ 1	
MANAGEMENT ALLOCATION - INDIRECT	\$ 39,006	\$ 258	
ADMISSIONS SUPPLIES	\$ -	\$ -	
MEDICAL COURIER SERVICES FOR SPECIAL PRESCRIPTIONS	\$ -	\$ -	
STRIKE COSTS NON REIMBURSABLE	\$ 3,476	\$ 23	
Total Other Resident Care	\$ 338,704	\$ 1,843	\$ -

**Report of Expenditures
 Schedule C-2 - Individuals or Firms Providing Services by Contract ***

Name of Facility Meriden Care Center, LLC		License No. 2153-C		Report for Year Ended 9/30/2016		Page of 21 37					
Name of Individual or Company	Address	Related ** to Owners, Operators, Officers		Explanation of Relationship	Full Explanation of Service Provided*	Total Cost/Page Ref.***					
		Yes	No			CCNH	RHNS	NurseFac-Aids	Pg	Line	
Health Services Group	3220 Tillman Drive, Bensalem, PA 19020	O	O	VENDOR	Housekeeping Services	464,439				20	4b
Health Services Group	3220 Tillman Drive, Bensalem, PA 19020	O	O	VENDOR	Laundry Services	412,510				19	3b
Eagle Elevator		O	O	VENDOR	Elevator Contract	9,189				22	6F
Bioserve, Inc.		O	O	VENDOR	Medical Waste					22	6F
The Brickman Group/ Twin Landscaping		O	O	VENDOR	Snow Removal/Landscaping	16,317				22	6F
USA - Recycling		O	O	VENDOR	Trash removal	43,054				22	6F
American Health Tech		O	O	VENDOR	Software Maintenance Contract	10,836				16	M11
Automatic Data Processing	P.O. Box 9001006, Louisville, KY 40290	O	O	VENDOR	Payroll Services	53,991				16	M11
National Datacare Corp		O	O	VENDOR	Resident Trust Software	3,781				16	M11
Prime Care Technology services		O	O	VENDOR	Computer Consulting Services	26,746				16	M11
Priority Express		O	O	VENDOR	Courier Services	5,745				16	M11
Point Right Inc		O	O	VENDOR	Nursing Software	4,680				16	M11
		O	O	VENDOR							
		O	O	VENDOR							

* List all contracted services over \$10,000. Use additional sheets if necessary.
 ** Refer to Page 4 for definition of related.
 *** Please cross-reference amount to the appropriate page in the Annual Report (Pages 16, 18, 19, 20 or 22).

C. Expenditures Other Than Salaries (cont'd) - Maintenance and Property

Name of Facility	License No.	Report for Year Ended			Page	of
Meriden Care Center, LLC	2153-C	9/30/2016			22	37
Item	Total	CCNH	RHNS	NurseFac-Aids		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 40,198	39,934	264			
b. Heat	\$ 48,879	48,558	321			
c. Light & Power	\$ 141,797	140,865	932			
d. Water	\$ 103,133	102,456	678			
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$ 42,504	42,225	279			
f. Other (<i>itemize</i>)	\$ 98,454	97,807	647			
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 474,965	471,844	3,121			
7. Depreciation (<i>complete schedule page 23*</i>)						
a. Land Improvements	\$					
b. Building & Building Improvements	\$ 16,370	16,263	108			
c. Non-Movable Equipment	\$					
d. Movable Equipment	\$ 40,716	40,449	268			
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 57,086	56,711	375			
8. Amortization (<i>Complete att. Schedule Page 24*</i>)						
a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$ 48,818	48,498	321			
d. Other (<i>Specify</i>)	\$					
*8e. Total Amortization Costs (8a + b + c + d)	\$ 48,818	48,498	321			
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ 662,412	658,060	4,352			
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$ 139,299	138,384	915			
c. Personal property taxes	\$ 7,900	7,849	52			
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 915,516	909,501	6,015			

* Amounts entered in these items must agree with detail on Schedule for Depreciation and Amortization Page 23 and Page 24.

Schedule of Other Repairs and Maintenance

Description	CCNH	RHNS	NurseFac-Aids
PLANT SUPPLIES	\$ 8,994	\$ 59	
PLANT CONTRACT SERVICE LABOR	\$ -	\$ -	
ELEVATOR CONTRACT SERVICE	\$ 9,128	\$ 60	
FIRE/SPRINKLER CONTRACT SERVICE	\$ 8,068	\$ 53	
LANDSCAPING CONTRACT SERVICE	\$ 7,758	\$ 51	
SNOW REMOVAL CONTRACT SERVICE	\$ 8,452	\$ 56	
TRASH REMOVAL CONTRACT SERVICE	\$ 42,771	\$ 283	
HVAC CONTRACT SERVICE	\$ -	\$ -	
SECURITY CONTRACT SERVICE	\$ -	\$ -	
PLANT CONTRACT SERVICE OTHER	\$ 7,278	\$ 48	
PLANT MINOR EQUIPMENT	\$ 5,358	\$ 35	
RENT AUTO	\$ -	\$ -	
RENT EQUIPMENT	\$ -	\$ -	
RENT OTHER	\$ -	\$ -	
Total Other Repairs and Maintenance	\$ 97,807	\$ 647	\$ -

Depreciation Schedule

Name of Facility		License No.	Report for Year Ended				Page	of
Meriden Care Center, LLC		2153-C	9/30/2016				23	37
Property Item	Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals
Yes	No	Month	Year					
A. Land Improvements								
1. Acquired prior to this report period								
2. Disposals (attach schedule)								
3. Acquired during this report period (attach schedule)								
A-4. Subtotal								
B. Building and Building Improvements								
1. Acquired prior to this report period								
2. Disposals (attach schedule)								
3. Acquired during this report period (attach schedule)								
B-4. Subtotal								
C. Non-Movable Equipment								
1. Acquired prior to this report period								
2. Disposals (attach schedule)								
3. Acquired during this report period (attach schedule)								
C-4. Subtotal								
D. Movable Equipment								
1. Motor Vehicles (Specify name, model and year of each vehicle)								
a.								
b.								
c.								
d.								
2. Movable Equipment								
a. Acquired prior to this report period								
b. Disposals (attach schedule)								
c. Acquired during this report period (attach schedule)								
D-3. Subtotal								
E. Total Depreciation								
							40,716	
							57,086	

Meriden Care Center, LLC
9/30/2016

Schedule of Land Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
Total additions for Land Improvements		\$ -		\$ - *
Deletions:				
Total deletions for Land Improvements		\$ -		\$ - **

*Ties to Page 23, Line A3

**Ties to Page 23, Line A2

Schedule of Building Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
8/1/2016	Dishroom Renovation: Shalom Sahar	\$ 19,941	120	\$ 166
6/8/2016	Upgrded Fancing, Concerate: Shalom Sahar	\$ 2,446	120	\$ 61
6/8/2016	Toilet room: Shalom Sahar	\$ 2,872	120	\$ 72
Total additions for Building Improvements		\$ 25,259		\$ 299 *
Deletions:				
Total deletions for Building Improvements		\$ -		\$ - **

*Ties to Page 23, Line B3

**Ties to Page 23, Line B2

Schedule of Non-Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
Total additions for Non-Movable Equipment		\$ -		\$ - *
Deletions:				
Total deletions for Non-Movable Equipment		\$ -		\$ - **

*Ties to Page 23, Line C3

**Ties to Page 23, Line C2

Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
6/3/2016	Beds & Mattresses: Medline & Direct Supply	\$ 7,983	60	\$ 399
8/24/2016	Patient Lifts and Slings- Direct Supply	\$ 4,382	120	\$ 37
9/30/2016	Laptops & Cables: Primecare	\$ 4,372	36	\$ -
Total additions for Movable Equipment		\$ 16,737		\$ 436 *
Deletions:				
Total deletions for Movable Equipment		\$ -		\$ - **

*Ties to Page 23, Line D2c

**Ties to Page 23, Line D2b

Schedule of Leasehold Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
10/6/2015	Generator Upgrade: Tower Generator	\$ 2,741	120	251
3/7/2016	Upgrade Ice Machines & Replace Sensor: Proline	\$ 2,529	120	126
7/14/2015	Repair Water Damage: Precision Electrical Contractors	\$ 2,965	120	346
6/20/2016	Create a Bed on the Hillside: The Brickman Group	\$ 2,646	120	66
8/4/2016	Purchase and Installation of Dishmachine: Proline	\$ 14,889	120	124
6/10/2016	Upgrade Walk-in Freezer: Climatech Mechanical	\$ 5,961	120	149
8/2/2016	Install Fans & AC's: E. Haberli Electric	\$ 2,858	120	24
4/8/2016	Security System Upgrades - S&S Wired, Sahar Shalom	\$ 8,679	120	362
Total additions for Leasehold Improvement		\$ 43,268		\$ 1,448 *
Deletions:				
Total deletions for Leasehold Improvement		\$ -		\$ - **

*Ties to Page 24, Line C3

**Ties to Page 24, Line C2

Amortization Schedule*

Name of Facility Meriden Care Center, LLC	License No. 2153-C	Report for Year Ended 9/30/2016		Page 24	of 37						
		Date of Acquisition	Item			Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year
		Month	Year								
A. Organization Expense											
1. Organization Expense				5	3,614	3,614					
2.											
3.											
A-4. Subtotal											
B. Mortgage Expense											
1.											
2.											
3.											
B-4. Subtotal											
C. Leasehold Improvements and Other											
1. Acquired prior to this report period					465,884	234,744			47,370		
2. Disposals (attach schedule)											
3. Acquired during this report period (attach schedule)					43,268				1,448		
C-4. Subtotal											
D. Total Amortization											
											48,818
											48,818

* Straight-line method must be used.
 ** Specify which of the following bases were used:
 A. Minimum of 5 years or 60 months.
 B. Life of mortgage; OR
 C. Remaining Life of Lease; OR
 D. Actual Life if owned by Related Party.

C. Expenditures Other Than Salaries (cont'd) - Property Questionnaire

Name of Facility Meriden Care Center, LLC	License No. 2153-C	Report for Year Ended 9/30/2016	Page 25	of 37
11. Property Questionnaire				
Part A				
Is the property either owned by the Facility or leased from a Related Party?*				
		<input checked="" type="radio"/> Yes	<input type="radio"/> No	If "Yes," complete Part B. If "No," complete Part C.
*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.				
Description	Total			
1. Date Land Purchased	12/01/03			
2. Date Structure Completed				
3. IF NOT Original Owner, Date of Purchase	12/01/03			
4. Date of Initial Licensure	12/01/03			
5. Total Licensed Bed Capacity	159			
6. Square Footage				
7. Acquisition Cost				
a. Land				
b. Building				
Part B - Owner and Related Parties	1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing				
a. Type of Financing (e.g., fixed, variable)	FIXED HUD			
b. Date Mortgage Obtained	05/30/13			
c. Interest Rate for the Cost Year	335.00%			
d. Term of Mortgage (number of years)	26			
e. Amount of Principal Borrowed	2,990,000			
f. Principal balance outstanding as of 9/30/2016	2,751,741			
Complete if Mortgage was Refinanced During Current Cost Year				
g. Type of Financing (e.g., fixed, variable)				
h. Date of Refinancing				
i. New Interest Rate				
j. Term of Mortgage (number of years)				
k. Amount of Principal Borrowed				
l. Principal Outstanding on Note Paid-Off				
Part C - Arms-Length Leases for Real Property Improvements Only				
Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease

Note: Be sure required copies of leases are attached to Page 25 and real estate taxes paid by lessor are included on Page 22, Item 10b.

C. Expenditures Other Than Salaries (cont'd) - Interest

Name of Facility		License No.	Report for Year Ended		Page	of
Meriden Care Center, LLC		2153-C	9/30/2016		26	37
Item			Total	CCNH	RHNS	NurseFac-Aids
12. Interest						
A. Building, Land Improvement & Non-Movable Equipment						
1. First Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
2. Second Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
3. Third Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
4. Fourth Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
B. CHEFA Loan Information						
1. Original Loan Amount			\$			
2. Loan Origination Date						
3. Interest Rate %						
4. Term						
5. CHEFA Interest Expense						
12 B7. Total Building Interest Expense (A1 - A4 + B5)			\$			

(Carry Subtotals forward to next page)

C. Expenditures Other Than Salaries (cont'd) - Interest and Insurance

Name of Facility		License No.		Report for Year Ended			Page	of
Meriden Care Center, LLC		2153-C		9/30/2016			27	37
Item				Total	CCNH	RHNS	NurseFac-Aids	
Subtotals Brought Forward:								
12.	C.	Movable Equipment						
	1.	Automotive Equipment	\$					
	A.	Item	Rate	Amount				
Lender								
Address of Lender								
	2.	Other (<i>Specify</i>)	\$					
	A.	Item	Rate	Amount				
Lender								
Address of Lender								
	B.	Item	Rate	Amount				
Lender								
Address of Lender								
12.	C.	3. Total Movable Equipment Interest Expense (C1 + 2)	\$					
12.	D.	Other Interest Expense (<i>Specify</i>) INTEREST	\$	13,065	12,979	86		
13.	Total All Interest Expense (12B7 + 12C3 + 12D)			\$	13,065	12,979	86	
14.	Insurance							
	a.	Insurance on Property (buildings only)	\$	8,724	8,666	57		
	b.	Insurance on Automobiles	\$					
	c.	Insurance other than Property (as specified above)						
	1.	Umbrella (<i>Blanket Coverage</i>)	\$	58,314	57,931	383		
	2.	Fire and Extended Coverage	\$					
	3.	Other (<i>Specify</i>)	\$	4,265	4,237	28		
14d.	Total Insurance Expenditures (14a + b + c)			\$	71,302	70,834	468	
15.	Total All Expenditures (A-13 thru C-14)			\$	14,200,852	14,116,616	84,237	

D. Adjustments to Statement of Expenditures

Name of Facility			License No.	Report for Year Ended	Page	of	
Meriden Care Center, LLC			2153-C	9/30/2016	28	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	NurseFac-Aids
Page 10 - Salaries and Wages							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.			Occupational Therapy	\$			
4.			Other - See attached Schedule	\$			
Page 13 - Professional Fees							
5.			Resident Care Physicians **	\$			
6.			Occupational Therapy	\$			
7.			Other - See attached Schedule	\$			
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.			Bad Debts	\$ 120,018	120,018		
10.			Accounting & Legal	\$			
11.			Telephone	\$			
12.			Cellular Telephone	\$			
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.			Gifts, flowers and coffee shops	\$			
15.			Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$			
16.			Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative	\$			
17.			Automobile Expense (e.g. personal use)	\$			
18.			Unallowable Advertising *	\$ 5,102	5,070	32	
19.			Income Tax / Corporate Business Tax	\$			
20.			Fund Raising / Contributions	\$			
21.			Unallowable Management Fees	\$			
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 31,693	31,350	343	
Page 18 - Dietary Expenditures							
24.			Meals to employees, guests and others who are not residents	\$			
Page 19 - Laundry Expenditures							
25.			Laundry services to employees, guests and others who are not residents	\$			
Page 20 - Housekeeping Expenditures							
26.			Housekeeping services to employees, guests and others who are not residents	\$			
Subtotal (Items 1 - 26)				\$ 156,813	156,438	375	

* All except "Help Wanted".

(Carry Subtotal forward to next page)

** Physicians who provide services to Title 19 residents are required to bill the Department of Social Services directly for each individual resident.

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D. Adjustments to Statement of Expenditures (cont'd)

Name of Facility			License No.	Report for Year Ended	Page	of	
Meriden Care Center, LLC			2153-C	9/30/2016	29	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	NurseFac-Aids
Subtotals Brought Forward				\$ 156,813	156,438	375	
Page 20 - Resident Care Supplies***							
27.			Prescription Drugs	\$			
28.			Ambulance/Limousine	\$ 2,470	2,470		
29.			X-rays, etc	\$ 2,616	2,616		
30.			Laboratory	\$ 8,454	8,454		
31.			Medical Supplies	\$			
32.			Oxygen (non emergency)	\$			
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 1,806	1,806		
Page 22 - Maintenance and Property							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$			
36.			Depreciation on Unallowable Motor Vehicles	\$			
37.			Unallowable Property and Real Estate Taxes	\$			
38.			Rental of Building Space or Rooms	\$			
39.			Other - See Attached Schedule	\$			
Page 27 - Insurance							
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$			
Other - Miscellaneous							
42.			Research or Experimental Activities	\$			
43.			Radio and Television Revenue	\$			
44.			Vending Machine Revenue	\$			
45.			Purchase Discounts and Allowances	\$			
46.			Duplications of functions or services	\$			
47.			Expenditures made for the protection, enhancement or promotion of the providers interest	\$			
48.			Interest Income on Accounts Rec	\$			
49.			Other (include personnel and other costs unrelated to resident care) - See Attached Schedule	\$			
Not For Profit Providers Only							
50.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$			
51. Total Amount of Decrease (Items 1 - 50)				\$ 172,159	171,784	375	

*** Items billed directly to Department of Social Services and/or Health Services in CT, or other states, Medicare, and private-pay residents. Identify separately by category as indicated on Page 20.

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Meriden Care Center, LLC
9/30/2016

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	NurseFac-Aids
20	5J	NON-COVERED PPS DR. VISITS	1,805.92	-	
13	B5A	PT-Resident Care (for outpatient therapy - see schedule)	-		
13	B9A	ST- Resident Care (for outpatient therapy - see schedule)	-		
13	B10A	OT-Resident Care (for outpatient therapy - see schedule)	-		
Total Other Ancillary Costs			\$ 1,806	\$ -	\$ -

Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	NurseFac-Aids
Total Excess Movable Equipment Depreciation			\$ -	\$ -	\$ -

Schedule of Other Property Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	NurseFac-Aids
Total Other Property Adjustments			\$ -	\$ -	\$ -

Page Ref	Line Ref	Description	CCNH	RHNS	NurseFac-Aids
20	4A1	Houskeeping Supplies (for Outpatient Therapy - see schedule)	\$ -		
20	4B	Housekeeping purchased services (for Outpatient Therapy see schedule)	\$ -		
22	6B	Heat (for outpatient Therapy see schedule)	\$ -		
22	6C	Light and Power (for outpatient therapy see schedule)	\$ -		
22	6D	water (for outpatient therapy see schedule)	\$ -		
22	6A	Repair&Maint (for outpatient therapy see schedule)	\$ -		
Total Other Adjustments			\$ -	\$ -	\$ -

Schedule of Unallowable Building Interest

Page Ref	Line Ref	Description	CCNH	RHNS	NurseFac-Aids
Total Unallowable Building Interest			\$ -	\$ -	\$ -

F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended			Page	of
Meriden Care Center, LLC	2153-C	9/30/2016			30	37
Item	Total	CCNH	RHNS	NurseFac-Aids		
I. Resident Room, Board & Routine Care Revenue						
1. a. Medicaid Residents (<i>CT only</i>)	\$ 12,616,065	12,544,351	71,714			
b. Medicaid Room and Board Contractual Allowance **	\$					
2. a. Medicaid (<i>All other states</i>)	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents (<i>all inclusive</i>)	\$ 642,211	642,211				
b. Medicare Room and Board Contractual Allowance **	\$					
4. a. Private-Pay Residents and Other	\$ 1,042,532	1,042,532				
b. Private-Pay Room and Board Contractual Allowance **	\$					
II. Other Resident Revenue						
1. a. Prescription Drugs - Medicare	\$ 34,089	34,089				
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (34,089)	(34,089)				
c. Prescription Drugs - Non-Medicare	\$ 217,326	217,326				
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ (115,340)	(115,340)				
2. a. Medical Supplies - Medicare	\$					
b. Medical Supplies - Medicare Contractual Allowance **	\$					
c. Medical Supplies - Non-Medicare	\$ 240	240				
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$ (240)	(240)				
3. a. Physical Therapy - Medicare	\$ 99,818	99,818				
b. Physical Therapy - Medicare Contractual Allowance **	\$ (69,441)	(69,441)				
c. Physical Therapy - Non-Medicare	\$ 119,606	119,606				
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (113,404)	(113,404)				
4. a. Speech Therapy - Medicare	\$ 37,254	37,254				
b. Speech Therapy - Medicare Contractual Allowance **	\$ (15,271)	(15,271)				
c. Speech Therapy - Non-Medicare	\$ 14,766	14,766				
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (13,338)	(13,338)				
5. a. Occupational Therapy - Medicare	\$ 108,955	108,955				
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (62,597)	(62,597)				
c. Occupational Therapy - Non-Medicare	\$ 105,187	105,187				
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (98,596)	(98,596)				
6. a. Other (<i>Specify</i>) - Medicare	\$					
b. Other (<i>Specify</i>) - Non-Medicare	\$ 156,919	156,919				
III. Total Resident Revenue (Section I. thru Section II.)	\$ 14,672,652	14,600,938	71,714			
IV. Other Revenue*						
1. Meals sold to guests, employees & others	\$					
2. Rental of rooms to non-residents	\$					
3. Telephone	\$					
4. Rental of Television and Cable Services	\$					
5. Interest Income (<i>Specify</i>)	\$					
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$					
8. Other (<i>Specify</i>)	\$ 490	490				
V. Total Other Revenue (1 thru 8)	\$ 490	490				
VI. Total All Revenue (III+V)	\$ 14,673,142	14,601,428	71,714			

* Facility should off-set the appropriate expense on Page 28 or Page 29 of the Cost Report.

** Facility should report all contractual allowances and/or payer discounts.

Schedule of Other Resident Revenue - Medicare

Related Exp

Page Ref	Description	CCNH	RHNS	Nurse/Fac-Aids
	Lab Medicare	\$ 1,937		
	Lab Medicare CA	\$ (1,937)		
	Oxygen Medicare	\$ 83		
	Oxygen Medicare CA	\$ (83)		
	Equipment rental	\$ 1,129		
	Equipment rental CA	\$ (1,129)		
	Pen Therapy	\$ -		
	Pen Therapy CA	\$ -		
	Therapy Beds Medicare	\$ -		
	Therapy Beds Medicare CA	\$ -		
	Radiology Medicare	\$ 1,242		
	Radiology Medicare CA	\$ (1,242)		
	IV Therapy	\$ 12,019		
	IV Therapy CA	\$ (12,019)		
	Medical Transportation	\$ -		
	Medical Transportation CA	\$ -		
	Glucose testing	\$ -		
	Glucose testing CA	\$ -		
	Outpatient therapy Medicare	\$ -		
	Total Other Resident Revenue - Medicare	\$ -	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	Nurse/Fac-Aids
	Lab	6,989.31		
	Lab CA	(5,223.51)		
	Oxygen	\$ 369		\$ -
	Oxygen CA	\$ (322)		\$ -
	Equipment rental	\$ 13,431		
	Equipment rental CA	\$ (12,950)		
	Pen Therapy	\$ -		
	Pen Therapy CA	\$ -		
	Therapy Beds	\$ -		
	Therapy Beds CA	\$ -		
	Radiology	\$ 1,472		
	Radiology CA	\$ (810)		
	Medical Transportation	\$ 4,309		
	Medical Transportation CA	\$ (2,166)		
	Glucose Testing	\$ -		
	Glucose Testing CA	\$ -		
	IV therapy	\$ 6,789		\$ -
	IV therapy CA	\$ (6,789)		\$ -
	Flu shot revenue	\$ 6,139		
	Outpatient therapy	\$ -		
	PRIOR YEAR ADJ - ANCILLARY & OTHER	\$ 144,380		
	rounding	\$ 1,301		
	Total Other Resident Revenue	\$ 156,919	\$ -	\$ -

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	Nurse/Fac-Aids
	INTEREST INCOME		\$ -		
	Total Interest Income		\$ -	\$ -	\$ -

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	Nurse/Fac-Aids
	MEALS	\$ -		
	TELEVISION INCOME	\$ -		
	CONCESSIONS / VENDING INCOME	\$ 490		
	RESIDENT LATE FEE REVENUE	\$ -		
	RESIDENT ATTORNEY FEE REVENUE	\$ -		
	TELEPHONE INCOME	\$ -		
	OTHER INCOME	\$ -		
	OPTUM DIVIDENDS REVENUE	\$ -		
	Total Other Revenue	\$ 490	\$ -	\$ -

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Meriden Care Center, LLC	2153-C	9/30/2016	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (on hand and in banks)			\$	(257,784)
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	2,121,373
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	61,382
4. Inventories			\$	
5. Prepaid Expenses			\$	304,589
a. Prepaid Insurance	302,411			
b. Prepaid Property Taxes				
c. Prepaid Expenses Other	2,178			
d.				
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (itemize)			\$	(333,350)
Due From (to) Related Parties	(6,472)			
Other Owners reserves	(326,878)			
A-9. Total Current Assets (Lines A1 thru 8)			\$	1,896,210
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost		\$	
	Accum. Depreciation	Net		
3. Buildings	*Historical Cost	346,682	\$	314,241
	Accum. Depreciation	32,442	Net	
4. Leasehold Improvements	*Historical Cost	509,152	\$	225,589
	Accum. Depreciation	283,562	Net	
5. Non-Movable Equipment	*Historical Cost		\$	
	Accum. Depreciation	Net		
6. Movable Equipment	*Historical Cost	641,543	\$	107,826
	Accum. Depreciation	533,717	Net	
7. Motor Vehicles	*Historical Cost		\$	
	Accum. Depreciation	Net		
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (itemize)			\$	
Construction in Progress				
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	647,656

* Historical Costs must agree with Historical Cost reported in Schedules on Depreciation and Amortization (Pages 23 and 24).

(Carry Total forward to next page)

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
Meriden Care Center, LLC	2153-C	9/30/2016	32	37
Account			Amount	
Total Brought Forward:			\$	2,543,866
C. Leasehold or like property recorded for Equity Purposes.				
1. Land			\$	
2. Land Improvements			*Historical Cost _____	
			Accum. Depreciation _____	Net
			\$	
3. Buildings			*Historical Cost _____	
			Accum. Depreciation _____	Net
			\$	
4. Non-Movable Equipment			*Historical Cost _____	
			Accum. Depreciation _____	Net
			\$	
5. Movable Equipment			*Historical Cost _____	
			Accum. Depreciation _____	Net
			\$	
6. Motor Vehicles			*Historical Cost _____	
			Accum. Depreciation _____	Net
			\$	
7. Minor Equipment-Not Depreciable			\$	
C-8 Total Leasehold or Like Properties (C1 thru 7)			\$	
D. Investment and Other Assets				
1. Deferred Deposits			\$	
2. Escrow Deposits			\$	
3. Organization Expense			*Historical Cost 3,614	
			Accum. Depreciation 3,614	Net
			\$	
4. Goodwill (Purchased Only)			\$	
5. Investments Related to Resident Care (<i>itemize</i>)			\$	79,100
Patient Trust Funds			76,545	
Long Term Deposit - primicare			2,555	
6. Loans to Owners or Related Parties (<i>itemize</i>)			\$	
Name and Address		Amount	Loan Date	
7. Other Assets (<i>itemize</i>)			\$	
D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$	79,100
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$	2,622,966

* Historical Costs must agree with Historical Cost reported in Schedules on Depreciation and Amortization (Pages 23 and 24).

G. Balance Sheet (cont'd)

Name of Facility		License No.	Report for Year Ended	Page	of
Meriden Care Center, LLC		2153-C	9/30/2016	33	37
Account				Amount	
Liabilities					
A. Current Liabilities					
1. Trade Accounts Payable				\$	439,594
2. Notes Payable (<i>itemize</i>)				\$	344,795
Working Capital Line of Credit					344,795
3. Loans Payable for Equipment (<i>Current portion</i>) (<i>itemize</i>)				\$	
Name of Lender		Purpose	Amount	Date Due	
4. Accrued Payroll (<i>Exclusive of Owners and/or Stockholders only</i>)				\$	351,491
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)				\$	
6. Accrued Payroll Taxes Payable				\$	
7. Medicare Final Settlement Payable				\$	
8. Medicare Current Financing Payable				\$	
9. Mortgage Payable (<i>Current Portion</i>)				\$	
10. Interest Payable (<i>Exclusive of Owner and/or Related Parties</i>)				\$	
11. Accrued Income Taxes*				\$	
12. Other Current Liabilities (<i>itemize</i>)				\$	1,274,431
Related Party Payables		989,421			
Accrued Expenses		39,174			
Accrued Resident User Fees		287,195			
Accrued Workers Comp Expense		(41,359)			
A-13. Total Current Liabilities (Lines A1 thru 12)				\$	2,410,311

* Business Income Tax (not that withheld from employees). Attach copy of owner's Federal Income Tax Return.

(Carry Total forward to next page)

G. Balance Sheet (cont'd)

Name of Facility Meriden Care Center, LLC		License No. 2153-C	Report for Year Ended 9/30/2016	Page 34	of 37
Account				Amount	
Total Brought Forward:				2,410,311	
Liabilities (cont'd)					
B. Long-Term Liabilities					
1. Loans Payable-Equipment (<i>itemize</i>)					\$
Name of Lender	Purpose	Amount	Date Due		
2. Mortgages Payable					\$
3. Loans from Owners or Related Parties (<i>itemize</i>)					\$
Name and Address of Lender	Amount	Loan Date			
4. Other Long-Term Liabilities (<i>itemize</i>)					\$
Patient Trust Funds					76,545
B-5. Total Long-Term Liabilities (Lines B1 thru 4)					\$ 76,545
C. Total All Liabilities (Lines A-13 + B-5)					\$ 2,486,856

G. Balance Sheet (cont'd)
Reserves and Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
Meriden Care Center, LLC	2153-C	9/30/2016	35	37
Account			Amount	
A. Reserves				
1. Reserve for value of leased land			\$	
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized			\$	
3. Reserve for depreciation value of leased personal property (<i>Equity</i>)			\$	
4. Reserve for leasehold real properties on which fair rental value is based			\$	
5. Reserve for funds set aside as donor restricted			\$	
6. Total Reserves			\$	
B. Net Worth				
1. Owner's Capital			\$	25,000
2. Capital Stock			\$	
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	(361,180)
6. Gain or Loss for Period			\$	472,290
	10/1/2015	thru	9/30/2016	
7. Total Net Worth			\$	136,110
C. Total Reserves and Net Worth			\$	136,110
D. Total Liabilities, Reserves, and Net Worth			\$	2,622,966

H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
Meriden Care Center, LLC	2153-C	9/30/2016	36	37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2015			\$	
B. Total Revenue (<i>From Statement of Revenue Page 30</i>)			\$ 14,673,142	
C. Total Expenditures (<i>From Statement of Expenditures Page 27</i>)			\$ 14,200,852	
D. Net Income or Deficit			\$ 472,290	
E. Balance			\$ 472,290	
F. Additions				
1. Additional Capital Contributed (<i>itemize</i>)				
2. Other (<i>itemize</i>)				
F-3. Total Additions			\$	
G. Deductions				
1. Drawings of Owners/Operators/Partners (<i>Specify</i>)			\$	
Name and Address (<i>No., City, State, Zip</i>)		Title	Amount	
2. Other Withdrawings (<i>Specify</i>)			\$	
Purpose		Amount		
3. Total Deductions			\$	
H. Balance at End of Period			\$ 472,290	
09/30/16				

I. Preparer's/Reviewer's Certification

Name of Facility Meriden Care Center, LLC	License No. 2153-C	Report for Year Ended 9/30/2016	Page 37	of 37
<i>Check appropriate category</i>				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input checked="" type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)	<input checked="" type="checkbox"/> NurseFac-Aids		
Preparer/Reviewer Certification				
<p>I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.</p>				
Signature of Preparer <i>iCare Health Management LLC</i>		Title		Date Signed <i>2/14/17</i>
Printed Name of Preparer iCare Health Management LLC				
Address Address 341 Bidwell Street, Manchester, CT 06040			Phone Number 860-570-2140	